



Application Information

Title:: **NEUROMODULATION DEVICE AND METHOD OF USING SAME**

Application Type:: **Regular**

Subject Matter:: **Utility**

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: **None**

Request for Early Publication:: **No**

Request for Non-Publication:: **YES**

Suggested Drawing Figure:: **1**

Total Drawing Sheets:: **13**

Small Entity:: **YES**

Petition Included::

Attorney Docket No:: **26336-10066**

Applicant Information

Inventor(s):

Given Name:: **Ali R.**

Family Name:: **Rezai**

City of Residence:: **Bratenahl**

State or Province of Residence:: **Ohio**

Country of Residence:: **United States of America**

Street of Mailing Address:: **28 Haskell Drive**

City of Mailing Address:: **Bratenahl**

State or Province of Mailing Address:: **Ohio**

Country of Mailing Address:: **United States of America**

Zip Code of Mailing Address:: **44108**

Inventor(s):

Given Name:: **John D.**

Family Name:: **Hall**

City of Residence:: **Mayfield Heights**

State or Province of Residence:: **Ohio**

Country of Residence:: **United States of America**

Street of Mailing Address:: **1211 Washington Blvd.**

City of Mailing Address:: **Mayfield Heights**

State or Province of Mailing Address:: **Ohio**

Country of Mailing Address:: **United States of America**

Zip Code of Mailing Address:: **44124**

Inventor(s):
Given Name:: Barry D.
Family Name:: Kuban
City of Residence:: Avon Lake
State or Province of Residence:: Ohio
Country of Residence:: United States of America
Street of Mailing Address:: 427 Moorehead Avenue
City of Mailing Address:: Avon Lake
State or Province of Mailing Address:: Ohio
Country of Mailing Address:: United States of America
Zip Code of Mailing Address:: 44012

Inventor(s):
Given Name:: Ken
Family Name:: Baker
City of Residence:: Chesterland
State or Province of Residence:: Ohio
Country of Residence:: United States of America
Street of Mailing Address:: 11854 Clearview Road
City of Mailing Address:: Chesterland
State or Province of Mailing Address:: Ohio
Country of Mailing Address:: United States of America
Zip Code of Mailing Address:: 44026

Correspondence Information

Correspondence Customer Number:: 21130

Representative Information

Representative Customer Number:: 21130
Representative Designation:: Primary
Representative Name:: W. Scott Harders
Registration Number:: 42,629

Domestic Priority Information

U.S. Provisional Application Serial Nos. 60/391,260 and 60/391,261, both filed June 24, 2002

Foreign Priority Information

None

Assignment Information

Assignee Name::	Cleveland Clinic Foundation
Street of Mailing Address::	9500 Euclid Avenue
City of Mailing Address::	Cleveland
State or Province::	Ohio
of Mailing Address::	
Country of Mailing Address::	United States of America
Zip Code of Mailing Address::	44195